FORM Q EG Mail Mail Processing Section

APR 1 1 2008

Washington, DC

105

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

16	194	75.	19
OR	IĞİ	NA	Ĺ

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response.....16.00

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series D Preferred Stock and the Common Stock issuable upon conversion thereof. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:	
A DACIC INDIVIDUO ATION DATA	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer	08047078
Jobster, Inc.	
Address of Execut ve Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (206) 826-5627
3131 Elliott Avenue, Suite 600, Seattle, WA 98121 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	חחחחדח
Relationship based job networks	PHOCESSED
Type of Business Organization	APR 1 8 2008
	please specify):
business trust limited partnership, to be formed Month Year	THOMSON
Actual or Estimate J Date of Incorporation or Organization: O 1 O 4 Actual Estimate Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A rotice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.3. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There s no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex	xemption. Conversely, failure to file the

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

		A. BASIC IDI	ENTIFICATION DATA			
2. Enter the information requ	ested for the foll	owing:				
• Each promoter of the	issuer, if the issu	uer has been organized w	ithin the past five years;			
 Each beneficial owner 	having the powe	r to vote or dispose, or dir	rect the vote or disposition	of, 10% or more o	fa clas	of equity securities of the issuer
 Each executive office 	r and director of	corporate issuers and of	corporate general and mar	naging partners of	partne	ership issuers; and
 Each general and mar 	naging partner of	partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director		General and/or Managing Partner
Full Name (Last name first, if in Seely, Jeff	ndividual)				•	
Business or Resid:nce Address	(Number and S	Street, City, State, Zip Co	ode)			
c/o Jobster, Inc., 3131 Ellic						
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last n ame first, if in	ndividual)					
Bogle, Phil						
Business or Residence Address 15049 SE 54th Place, Belly		Street, City, State, Zip Co	ode)			
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if in Brown, Kevin	ndividual)					
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)			
c/o Reed Elsevier Ventures	2006 Partners	hip L.P., 1-3 Strand, L	ondon, Great Britain, \	WC2N 5JR		
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	/ Director		General and/or ' Managing Partner
Full Name (Last name first, if in	ndividual)					
Nakache, Patricia						
Business or Residence Address c/o Trinity Ventures, 3000 S	•			25		
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if it Anderson, Jon	ndividual)			-		
Business or Reside ice Address c/o Ignition Ventures, 11400	•					
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if in Connors, John	ndividual)					
Business or Residence Address c/o Ignition Ventures, 1140	•		•			
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	✓ Director		General and/or Managing Partner
Full Name (Last name first, if in Morgan, Allen	ndividual)					
Business or Resider ce Address c/o Mayfield Fund, 2800 Sa	•					

		A. BASIC IDE:	NTIFICATION DATA		
2. Enter the information requested f	or the following	:			
• Each promoter of the issuer	, if the issuer ha	s been organized wit	thin the past five years;		
Each beneficial owner having	g the power to vo	ote or dispose, or dire	et the vote or disposition o	f, 10% or more of	a class of equity securities of the issuer.
 Each e recutive officer and e 	director of corpo	rate issuers and of c	orporate general and mana	aging partners of p	partnership issuers; and
Each general and managing	partner of partn	ership issuers.			
Chuetz Boy(ec) that Apply:	omoter 🗾	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply: Pr	omoter 📝	nelicticiai Owiici		<u> Писски</u>	Managing Partner
Full Name (Last name first, if individent Trinity Venture.) and it's affiliated					
Business or Residence Address (Nur Trinity Ventures, 3000 Sand Hill		• •			
Check Box(es) that Apply: Pr	omoter 🗾	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last rame first, if individ-	ual)		-		
Mayfield Fund and it's affiliated for	unds				
Business or Residence Address (Nur 2800 Sand Hill Road, Suite 250,		•	de)		
Check Box(es) that Apply: Pr	omoter 🔽	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individing lightion Ventures and it's affiliate					
Business or Residence Address (Nurceo Ignition Ventures, 11400 SE 6		•			
Check Box(es) that Apply: Pr	omoter 📝	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individence Elsevier Ventures 2006 Par					
Business or Residence Address (Nur 1-3 Strand, London, Great Britain	•	City, State, Zip Coo	ie)		
Check Box(es) that Apply: Pr	omoter 📝	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individence Goldberg, Jason	ual)				
Business or Residence Address (Nur 11 East 36th Street, #705, New \		•	ie)		
Check Box(es) that Apply: Pr	omoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individ-	ual)				
Business or Residence Address (Nur	mber and Street,	City, State, Zip Coo	de)		
Check Box(es) that Apply: Pr	omoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individ-	ual)			;	
Business or Residence Address (Nur	mber and Street,	City, State, Zip Coo	de)		
	(Use blank shee	et, or copy and use a	dditional copies of this sh	cet, as necessary)	

B. INF	ORMATI	ON ABOUT	r offerin	1G				
						, , , , , , , , , , , , , , , , , , , ,	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								×
			=				s	
2. What is the minimum investment that will be accepted	u nom a	ny marviat		•••••			Yes	No
3. Does the offering permit joint ownership of a single	unit?						K	
4. Enter the information requested for each person who commission or similar remuneration for solicitation of If a person to be listed is an associated person or agent or states, list the name of the broker or dealer. If more a broker or dealer, you may set forth the information	purchase of a broke than five	rs in conne er or dealer (5) person	ction with s registered s to be liste	sales of sec with the Si ed are assoc	urities in tl EC and/or	ne offering. with a state		
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City,	State, Z	ip Code)						
Name of Associated Broker or Dealer	•						•••	
States in Which Person Listed Has Solicited or Intends to	Solicit P	urchasers		,				
(Check "All States" or check individual States)		***************************************		***************				States
AL LAK AZ AR CA IL IN IA KS KY MT VE NV NH NJ RI 3C SD TN TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name (Last name first, if individual)			-					
Business or Residence Address (Number and Street, City	, State, Z	(ip Code)	<u></u>	<u> </u>				
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to	Solicit P	urchasers						
(Check "All States" or check individual States)		•••••		•••••				States
AL AK AZ AR CA IL IN IA KS KY MT NE NV NH NJ RI SC SD TN TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (Last name first, if individual)								
Business or Res dence Address (Number and Street, City	, State, Z	(ip Code)						
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to	Solicit P	urchasers						
(Check "All States" or check individual States)							□ All	States
AL AK AZ AR CA IL IN IA KS KY MT NE NV NH NJ RI SC SD TN TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	s
	Equity	9,000,000.07	\$_7,000,000.00
	Common Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	S	\$
	Other (Specify)	3	\$
	Total	9,000,000.07	\$ 7,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	 Dollar Amount of Purchases
	Accredited Investors		\$ 7,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<u>.</u>	\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$_30,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		· \$
	Total		\$ 30,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	- D\$
	Purchase of real estate] \$	\$
	Purchase, rental or leasing and installation of mac and equipment	hinery] \$	
	Construction or leasing of plant buildings and fac	ilities] \$ _	s
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another	ק\$	□\$
	Repayment of indebtedness			
	Working capital			
	Other (specify):			
•]\$	\$
	Column Totals		s_0.00	S 6,970,000.00
	Total Payments Listed (column totals added)		Z \$_6,	970,000.00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Commiss	ion, upon writte	
lss	er (Print or Type)	Signature)ate	
Jo	oster, Inc.		April <u>// 7</u> . 2008	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	•	
Gle	n Van Ligten	Assistant Secretary		

- ATTENTION -

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Jobster, Inc.	Signature	Date April <u>(0</u> , 2008		
Name (Print or Type)	Fille Ding of Type)			
Glen Van Ligten	Assistant Secretary			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				
1	Intend to non-a investor:	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		×	·\$3,726,500.06	7	\$3,726,500.06	0	\$0.00		×
СО									
СТ									
DE									
DC									
FL									
GA									
НІ	-								
ID							-		1
IL		_							
ĪN								[]	
1A									
KS									
KY									Ī
LA									,
МЕ									
MD									
МА									
MI									
MN							• • • • • • • • • • • • • • • • • • • •		
MS	=								

APPENDIX 2 3 5 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and amount purchased in State to non-accredited explanation of waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Amount Investors Amount Yes No MO MT NE NV NH NJ NM NY NC ND OHOK OR PA RI SC SD TN TXUT VT VA \$2,438,796.56 2 \$2,438,796.56 0 \$0.00 X WA X WVWI

				APP	ENDIX				
1		2	3		4				
	to non-a investor	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and exp amount purchased in State wait (Part C-Item 2) (Part			amount purchased in State		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

